



City of Seattle
Human Services Department

2014 Notice of Funding Availability

I. Introduction

The City of Seattle Human Services Department (HSD) is pleased to issue this Notice of Funding Availability (NOFA) related to its **Food and Meal** and **Senior Centers** investments. The NOFA provides an overview of HSD's upcoming funding opportunities and directs potential applicants to resources to learn more about HSD's investment priorities and standard application requirements. Each funding opportunity will request additional information specific to the services to be provided through HSD's investment.

Through all of our funding processes, HSD invests in services that meet the basic needs of our community's most vulnerable residents and that help people become and remain independent. Overviews of the upcoming funding opportunities for HSD's **Food and Meal** and **Senior Centers** investments are provided in the NOFA, with additional details to follow when the funding opportunities are released, according to the following timeline:

Issue Notice of Funding Availability (NOFA)	Monday, June 16, 2014
Funding Opportunities Released <ul style="list-style-type: none">Food and Meal Request for InvestmentSenior Centers Request for Investment	Monday, July 21, 2014
Information Session #1	Tuesday, August 5, 2014 1:00 p.m. to 4:00 p.m. Northgate Community Center 10510 5 th Ave NE, Seattle, WA 98125
Information Session #2	Wednesday, August 6, 2014 9:30 a.m. to 12:30 p.m. 2100 Building 2100 24 th Ave S, Seattle, WA 98144
Application Deadline	Monday, September 15, 2014 by 12:00 p.m.
Planned Award Notification	Friday, November 14, 2014
Contract Start Date	January 1, 2015

HSD reserves the right to change any dates in the NOFA or funding opportunity schedules.

All materials and updates related to the funding processes will be available on HSD's Funding Opportunities web page at www.seattle.gov/humanservices/funding/, including the following:

- [HSD's Guiding Principles](#)
- [HSD's Outcomes Framework: Results-Based Accountability](#)
- [HSD's Commitment to Funding Culturally Responsive Services](#)
- [Applicant Agency Eligibility and HSD Contracting Requirements](#)
- [Standard Submission Requirements](#)
- [Master Agency Services Agreement \(Sample\)](#)

II. Food and Meal Request for Investment

The Community Support and Assistance (CSA) division of HSD is seeking applications from agencies interested in providing food and meals to low income individuals and families who experience food insecurity. Eligible activities include staffing, operating costs and healthy food to support direct food access and system activities. This Request for Investment (RFI) is open to nonprofit organizations that serve City of Seattle residents.

The Food and Meal Investment Area is comprised of:

- Direct food access programs including food banks, home delivered meals, and meal sites and programs.
- Food system activities including support and coordination, food purchase, and food system transportation and distribution.

HSD plans to invest up to **\$3,125,714** in HSD General Fund dollars through the Food and Meal RFI. Initial awards will be made for the period of January 1, 2015 to December 31, 2015. Funding beyond 2015 will be contingent upon performance and funding availability.

The City of Seattle Human Services Department seeks to contract with a diverse group of providers to help achieve the desired result of Food and Meal investments: *individuals and families have access to affordable, healthy, and culturally appropriate food* as indicated by the *percentage of food insecurity experienced by residents in Seattle*.

Food and Meal Investment Theory of Change

The theory of change is aligned with [HSD's Outcomes Framework](#) – a strategy for results-based accountability – and describes the assumptions for how the desired results will be achieved through a set of specific activities which are measured by quantity, quality and impact performance measures.

Result	Indicator	Strategy	Performance Measure	Equity Target
Condition of wellbeing for entire population	Achievement benchmark – how we know the “result” was achieved	Activities that move the dial on the result & indicator – what HSD is purchasing	What gets counted, demonstration of how well a program, agency or service is doing (quantity, quality, impact)	Goal for addressing disparities in the population level data
Individuals and families have access to healthy food	% of food insecurity in Seattle	1) Direct food services (i.e. food banks, home delivered meals, meal sites & programs) 2) Food infrastructure (i.e. transportation, distribution, data & evaluation)	<ul style="list-style-type: none"> • # of people served • # of units of food provided • # of access points/sites • Accessibility (i.e. hours of operation, locations, food quality, culturally appropriate food options) • Impact: All Seattle residents have enough to eat and access to affordable, healthy, and culturally appropriate food. 	Black/African American and Latino households report food security at the same rate as their White and Asian counterparts.

The Food and Meals investment result was guided by community engagement, research on promising practices, and program and population data.

Community Engagement

Community engagement included one to one and group conversations about the Seattle emergency food system with strategic thinkers and experts in Seattle-King County. Group meetings included time with Meals Partnership Coalition, Meals Task Force, Seattle Food Committee, City of Seattle Food Interdepartmental Team, and United Way of King County about the RFI. This engagement will serve as a starting point for emergency food system transformation throughout the investment period.

Community members highlighted the need for additional funding to enhance the current emergency food system. Suggestions included promising practices and innovations to increase access to healthy food and establish food security in Seattle. Potential investments include:

- Increased geographic access via mobile food pantries, grocery, and/or meal trucks;
- Delivery of low to no cost food and meals to existing community gathering spaces (cultural centers, libraries, childhood centers, public housing sites);
- Greater supply of culturally appropriate, fresh and nutrient-dense meats/proteins, produce, and legumes within the emergency food system via growing/garden development, direct acquisition from farmers, and greater food recovery coordination;
- Community convening opportunities to promote and practice healthy food access, preparation, and education;
- More languages spoken with community members at food and meal sites.

HSD also initiated further conversation around the need for accurate data from the emergency food system that increases collective understanding of the demand for healthy food and disproportionate food access challenges for socially disadvantaged/vulnerable populations in Seattle-King County—low income Black and Latino households, families with children, and seniors. Providers would like to illustrate and understand more about their collective impact on community wellbeing, access, and equity yet still provide as few barriers as possible—or simply no barriers—to accessing emergency food.

The Human Services Department food and meal investments are in alignment with multiple local initiatives, including the City of Seattle Food Action Plan, which guides City food initiatives. The Food Action Plan details the values that should guide City investments in the local food system. These values include:

- Make healthy, high-quality food accessible and affordable;
- Ensure the health and well-being of all people;
- Improve equity in the food system;
- Build diverse and collaborative relationships with community organizations, businesses, and governmental entities;
- Support inclusive community participation in program and policy development;
- Promote regional food security;
- Value and support the role of food and agriculture in our region's economy;
- Support the economic viability of local, sustainable farms;
- Sustain and grow a healthy environment that enhances biodiversity and mitigates climate change.

Promising Practices Research

Staff review of webinars, articles, and research about local, regional, and federal food systems resulted in some common themes.

- People are impacted by the availability and affordability of food in community food environments, which include a variety of stores, restaurants, markets, and gardens¹.

- Food related pathways are essential to achieving healthy community goals².
- Strategies designed to improve access for low-income people and communities of color can result in benefits for the broader community³.
- Improving food access for everyone demands multiple approaches to meet the different needs of diverse communities⁴.
- “A community is ‘food secure’ when all residents obtain a safe, culturally acceptable, nutritionally-adequate diet through a sustainable food system that maximizes community self-reliance and social justice”⁵.

Overall, there is increasing emphasis on a broader view of hunger as a systemic and environmental problem affecting community health. This has been fueled by several trends: new thinking on data driven design and collective impact; the national healthcare reform movement and act; increased discussion across systems in the prevalence of costly yet often preventable diseases of obesity, heart disease, and diabetes; and, changes to the U.S. Farm Bill and its effects on Supplement Nutrition Assistance Program (SNAP) food benefit recipients nationwide.

Two inspiring and innovative programs have possibilities for replication in Seattle:

The Stop Community Food Centre, Toronto, ON Canada

The Stop program goes beyond meeting basic food needs to provide opportunities for community members to build support networks, connect to resources and find their voices on the causes of hunger and poverty. Community members become engaged citizens, advocates, and cooks via shared gardens; community kitchens and dining; nutrition initiatives; after school workshops; and affordable, fresh market stands. The Stop illustrates how organizations can do more than feed the hungry and find real economic and social policy-based solutions for the growing problem of hunger. “There is a better way. Instead of stigmatizing and dividing us as citizens, let’s use food as an agent of change.” *The Guardian*, June 18, 2013.

Oregon Food Bank, Portland, OR

The Oregon Food Bank has received national recognition for its FEAST (Food, Education, Agriculture, Solutions, Together) program, which promotes healthier, more equitable and more resilient food systems through a community organizing model. Outcomes have included partnerships that mobilize existing resources to improve local food systems and individual food self-sufficiency. “Oregon Food Bank believes no one should be hungry. With sufficient public will and support of the entire community, we believe it is possible to eliminate hunger and its root causes.” www.oregonfoodbank.org, April 12, 2013.

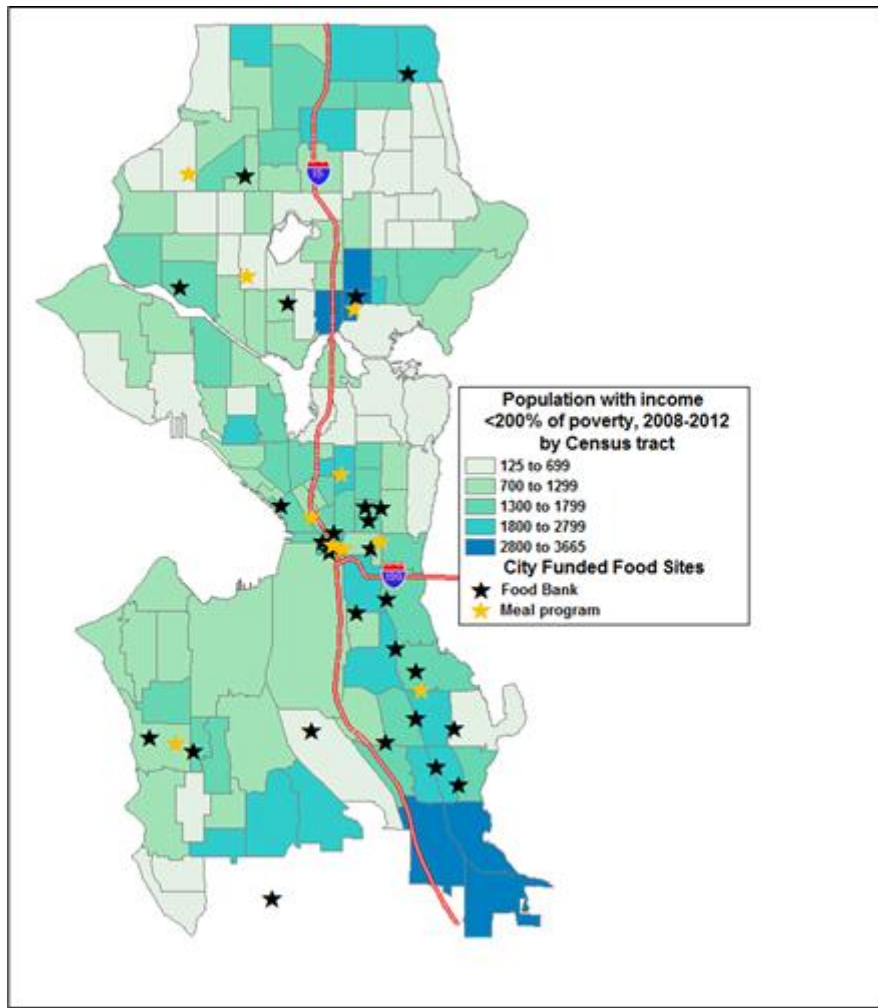
Program and Population Data

Population Level Data ⁶	
<ul style="list-style-type: none"> • People with low income live everywhere in Seattle but are concentrated in the southeast, central and south, in and around the University of Washington, and in the Lake City and Northgate areas • 27% of Seattle residents are at or below 200% of the federal poverty level (2012) <ul style="list-style-type: none"> ◦ 612,560 people reside in Seattle (2011) ◦ 167,840 Seattle residents are at or below 200% of the federal poverty level • Blacks and Latinos are more likely to experience food insecurity than Whites <ul style="list-style-type: none"> ◦ 94,930 Seattle residents are Black or Latino ◦ 49,700 Seattle residents are Black or Latino and at or below 200% of the federal poverty level ◦ 40% of Latinos have income at or below 200% of the federal poverty level ◦ 55% of African Americans have income at or below 200% of the federal poverty level • Other races or ethnicities may experience food insecurity, as well. <ul style="list-style-type: none"> ◦ 43% of Native Americans have income at or below 200% of the federal poverty level ◦ 30% of Asians have income at or below 200% of the federal poverty level 	

Program Level Data

- All programs agree to serve people at or below 200% of the federal poverty level
- 315,759 meals were served in 2013
- 189,199 households were served by home delivery programs and food banks in 2013
- 58,059 households served with 118,989 individuals in those households in food banks in 2013 (unduplicated numbers)
- 15,007 individuals were served in the emergency feeding program in 2013
- 412,491 Seniors 55 and older were served in food banks in 2013 (duplicated number)
- 325,093 Infants and children were served in food banks in 2013 (duplicated number)

Map of Seattle residents with low income (<200% of federal poverty level), showing HSD-funded food banks and meal programs



III. Senior Centers Request for Investment

The Aging and Disability Services (ADS) division of HSD is seeking applications from agencies interested in providing Senior Center services for older adults in the City of Seattle. This Request for Investment (RFI) is open to non-profit agencies. Senior Centers are places where older adults can access a range of activities and services to improve their health, well-being, and independence, and where people of all ages can actively engage in their community.

Applications will be accepted from senior centers/agencies that meet all of the following criteria:

- Provide dedicated space within the Seattle city limits for older adults to gather for drop in visits and scheduled programming and activities.
- Operate a minimum of 20 hours per week and a minimum of three days a week.
- Provide the following services and activities: 1) Food and Nutrition Programs; 2) Health Promotion, Wellness and Fitness; 3) Education, Recreation, Socialization and Personal Growth; 4) Social Services; and 5) Outreach.
- Two years of experience in operating a senior center or in providing services and activities in at least three of the five categories listed above for older adults.

Eligible participants are older adults living in the City of Seattle, ages 50+. Funding is prioritized for eligible participants with the highest social and economic needs, including older adults who are: low income; in poor health; ethnic and cultural minorities; or limited English proficient.

More specific information on program components and requirements will be included in the RFI guidelines and application.

HSD plans to invest up to **\$1,141,692** in HSD General Fund dollars through the Senior Centers RFI. Initial awards will be made for the period of January 1, 2015 to December 31, 2015. Funding beyond 2015 will be contingent upon performance and funding availability.

The City of Seattle Human Services Department seeks to contract with a diverse group of providers to help achieve the desired result of Senior Center investments: *vulnerable adults improve or maintain their health and remain independent* as indicated by the *percentage of self-reported positive health status*.

Senior Center Investment Theory of Change

The theory of change is aligned with [HSD's Outcomes Framework](#) – a strategy for results-based accountability – and describes the assumptions for how the desired results will be achieved through a set of specific activities which are measured by quantity, quality and impact performance measures.

Result	Indicator	Strategy	Performance Measure	Equity Target
Condition of wellbeing for entire population	Achievement benchmark – how we know the “result” was achieved	Activities that move the dial on the result & indicator – what HSD is purchasing	What gets counted, demonstration of how well a program, agency or service is doing (quantity, quality, impact)	Goal for addressing disparities in the population level data
Vulnerable adults improve or maintain health	Participation in health activities	1) Evidence-informed health promotion activities	• # of clients participating in activities	Seniors of color and low-income seniors report good, very good or excellent health status at
Vulnerable adults remain	% of self-reported	2) Social support services 3) Access to nutrition	• # of clients receiving services • Client satisfaction	

independent	positive health status	programs	survey <ul style="list-style-type: none"> • Increased ability to meet own needs • Improved health (physical, emotional and social) 	the same rate as White and middle-income seniors.
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The Senior Center investment was guided by community engagement, research on promising practices, and program and population data. These efforts expanded on the work and recommendations contained in [Seattle for a Lifetime: City Goals for Older Adults⁷](#), a response to Seattle City Council Statement of Legislative Intent 38-2-A-1, and the [ADS Area Plan on Aging, 2012-15⁸](#). Following is a brief description of each of these efforts and relevant findings.

Community Engagement

Community engagement activities included stakeholder meetings, discussions and forums with: staff and participants from Seattle based senior centers; local funders; staff and participants from senior centers in other parts of King County; representatives from Immigrant/Refugee communities; ADS Advisory Council members; and other City departments including Library, Neighborhoods, Planning & Development and Parks.

In addition, information gathered from other recent processes, including the Senior Nutrition Program RFI and the Area Plan on Aging, was included in the review. The following themes emerged:

- Senior Centers are hubs for supporting an aging community.
- Older adults are more inclined to access services that are provided in safe and supportive environments by trusted providers in their communities.
- On-site social services/social workers are essential for connecting participants to needed programs and supports.
- Participant trends include older adults with increasingly complex social and physical needs, including elders who are homeless or at-risk of becoming homeless, and people with dementia.
- Transportation is an ongoing challenge, particularly the limited transit options available to and from certain parts of the city (e.g., Northeast Seattle to North or Northwest Seattle).
- Programs and services must be open and inviting to people from different cultures.
- Build upon neighborhood strengths and community assets.

Promising Practices Research

The [National Institute of Senior Centers⁹](#) (NISC), an affiliate program of the National Council on Aging (NCOA), is the primary source for information and resources on senior centers, including research, promising practices, and national standards. A review of NISC resources to identify characteristics of successful Senior Centers indicates that these centers:

- Respond to the needs of an increasingly diverse population of older adults from different cultural, generational and socioeconomic backgrounds.
- Hire and retain quality staff and provide opportunities to develop leaders/volunteers to support the center and the community.
- Leverage limited resources by developing strong partnerships and diverse funding to provide innovative programs and connect participants to needed services.
- Deliver high quality and cost-effective services in a safe and inviting setting.

Senior Centers play a critical role in providing opportunities for older adults to improve their physical and mental health and well-being, and in reducing social isolation. In an effort to assess the impact of Senior Centers, NISC/NCOA developed and tested a tool to measure outcomes and indicators, the Senior Center Services

Evaluation Survey (SCSES). The survey includes questions on the following outcome areas: socialization, physical and mental health, access to services, ability to maintain independence and overall customer satisfaction. HSD will be working with other local Senior Center funders, United Way and King County, to develop guidelines for administering this tool in City of Seattle funded centers.

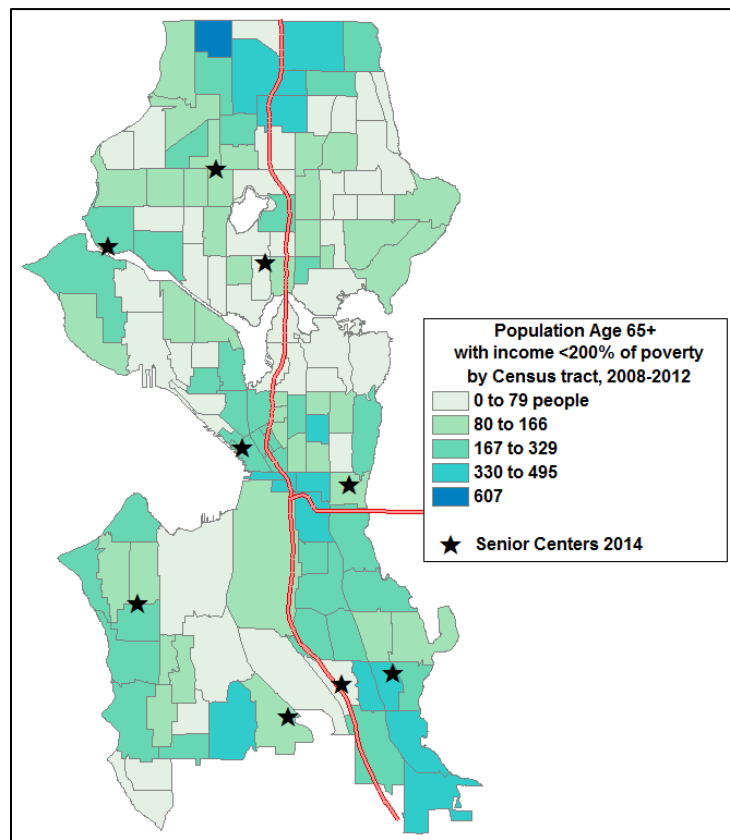
Program and Population Data

A review of population data for the stated priority populations for this investment and 2013 program data for City funded Senior Centers yielded the following results:

Population Level Data	
Race / Ethnicity	<ul style="list-style-type: none"> In 2010, the Seattle population age 60+ was: 73% white (71,065), 15% Asian (14,843), 7% Black/African American (7,225), and about 3% of other races (multi-racial; American Indian/Alaska Native, 1,394; Native Hawaiian/Pacific Islander, 323)¹⁰. The age 60+ population was 2.5% Hispanic/Latino (who can be of any race)¹¹. 26% of foreign born are 65+, a higher percentage than among US-born¹².
Poverty	<ul style="list-style-type: none"> 26% of elders (65+ years) in Seattle live at or below 200% of the federal poverty level <ul style="list-style-type: none"> 67,240 elders (65+ years) residing in Seattle¹³ 17,270 elders (65+ years) are at or below 200% of the federal poverty level¹⁴ 3,430 elders in Seattle identifying as Black or Latino are at or below 200% of the federal poverty level, as are 6,080 Asian elders, 730 American Indian elders, and 200 Hawaiians/Pacific Islanders 65+¹⁵.
Health Disparity	Behavioral Risk Factor Surveillance Survey (BRFSS ¹⁶) data: <ul style="list-style-type: none"> In 2008-2012, 18% of Seattle adults age 60 and older said their health was fair or poor. 31% of low income older adults (age 60+) report fair to poor health. Black, Latino and American Indian elders are more likely to experience poor health than are White non-Hispanic elders. Asian elders do not differ in health from White non-Hispanics. Sample sizes for Native Hawaiian/Pacific Islander elders are too small to give reliable rates for fair/poor health.
Geography ¹⁷	<ul style="list-style-type: none"> Elders with low income are more numerous in the central and southeast parts of the city, in south Delridge abutting White Center, and in the Lake City/Northgate areas of north Seattle. African American/Black seniors are more geographically concentrated than are Hispanics/Latinos. Almost half of all Black seniors live in the 10 Census tracts with the largest numbers of Blacks 60+. In contrast, less than 20% of Latino seniors live in the 10 tracts with the largest numbers of Latinos 60+. Even in those tracts they make up less than 5% of the senior population. See map below for low income older adults by census tract.
Program Level Data*	
From 2013 Client Profile Reports for currently funded Senior Centers: <ul style="list-style-type: none"> Total Clients served: 17,557 people 5,207 (29.7%) people served were at or below 200% of the federal poverty level; Income was reported as unknown for 3,265 (18.6%) participants. 5,798 (33%) of people served identified as minority or non-white: <ul style="list-style-type: none"> 2,901 (16.5%) of people served identified as Black. 1,321 (7.5%) of people served identified as Asian. 507 (2.9%) of people identified as Latino. Race/ethnicity was not reported for 2,493 (14.2%) of participants. 	

* Data is submitted in aggregate. Participant totals and subtotals for demographic categories may be duplicated, and data cannot be cross tabulated.

**Map of Seattle residents age 65+ with low income (<200% of the federal poverty level)
and location of currently funded Senior Centers**



¹ Kumanyika, S., April 10, 2014, Food Justice, Obesity & the Social Determinants of Health [Webinar]. In the 4-part series on Food, Justice and Health Equity. Retrieved from healthyfoodaction.org.

² Kumanyika, S., April 10, 2014, Food Justice, Obesity & the Social Determinants of Health [Webinar]. In the 4-part series on Food, Justice and Health Equity. Retrieved from healthyfoodaction.org.

³ PolicyLink, 2013, Access to Healthy Food and Why It Matters: A Review of the Research.

⁴ Poverty and Race Research Action Council, March/April 2010 Issue of Poverty and Race, "Bringing Healthy Food to Underserved Areas".

⁵ Newberry, J. and Taylor, A. June 2012. Evaluating Outcomes of Community Food Actions: A Guide. Retrieved from Public Health Agency of Canada <http://www.cdpa.ca/content.php?doc=261>.

⁶ American Community Survey, Public Micro Sample for 2008-2012 combined

⁷ http://www.agingkingcounty.org/docs/sli_38-2-a-1_older_adults.pdf

⁸ http://www.agingkingcounty.org/area_plan.htm

⁹ <http://www.ncoa.org/national-institute-of-senior-centers/>

¹⁰ Census 2010, SF2, Table QT-P1.

¹¹ Census 2010, SF2, Table QT-P1.

¹² American Community Survey 2008-2012, table S0501

¹³ WA State Office of Financial Management official pop estimates, 2011

¹⁴ American Community Survey Public Use Micro Sample (PUMS) data 2008-2012

¹⁵ American Community Survey Public Use Micro Sample (PUMS) data 2008-2012

¹⁶ BRFSS: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System. Supported in part by Centers for Disease Control and Prevention Cooperative Agreement.

¹⁷ American Community Survey 2008-2012, Table B17024 for tracts.